

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the envelope, or on the front if space permits.

1. Article Addressed to:

Prison Health Services
105 Westpark Drive
Suite 200
Brentwood, TN 37027

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

A. Signature

X *Rachael Sauer*

 Agent Addressee

B. Received by (Printed Name)

Rachael Sauer

C. Date of Delivery

1-10-06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

05-1102-cmf 7004 2510 0001 0150 6235

Domestic Return Receipt

102595-02-M-1540